	F CALIFOR				See I	Instructio	ons and l	Privacy		<u> </u>	Page	1	of	1	
TRAVEL EXPENSE CLAIM AOC Electronic) Revised 08/06							Instructions and Privacy tement* in Tab 2 and 3					1	OI .		
	IT'S NAME		SSN OR EMPLOYEE NUMBER* DIVISION CHH												
OSITIO	N/TITLE			СВ	IID**	UNIT/OFFI	CE OR DIST	RICT (as a	pplicable)			E-MAIL ADD		hs.ca.gov	
	ICE ADDR	ess essential de la companya de la c				HEADQUA			4.		***************************************	TELEPHON	E NUMBER		
TTY -			STATE	ZIP (CODE	L600 CITY	9th Str	eet, Ko	om 40	00		STATE		CODE	
Sacramento CA						Sacramento						CA_		95814	
	TH/YEAR	WHERE EXPENSES	(4)	(5) BREAK-	MEALS		(6) INCIDEN- TALS	(7) (A) COST OF TRANS.	(B)	RANSPORT (C)	ATION	(D)	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
03	(2)				- ALL AND				TYPE	CARFARE TOLLS PARKING	PRIVA	E CAR USE			
DATE	1000	WERE INCURRED		FAST	LUNCH	DINNER		IRANS.	PC	FARRING	MILEO	AMOUNT		FORUM	
13	1830	Sacramento/San Jose									238	130.90		130.90	
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CLAIM TOTAL (11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)															
Speak at Senate Health - Health Information Technology Hearing											ly sie	ACCOUNTING OFFICE			
												USE ONLY			
											CLAIM.	ANT#			
											INVOIC	INVOICE DATE			
·				,							-	- 14.87" () - 1.487" ()		en e	
		SOST CENTED				······					INVOIC	INVOICE AMOUNT			
		COST CENTER RK HOURS	(14) PRIVAT	E VEHICLE	LICENSE N	۷O.	(15) MIL	EAGE RAT	E CLAIM	ĖD					
(_3,1,0,	. —	800 to 1800								0.55	O PAID B	PAID BY REVOLVING FUND CHECK #			
(16) l	HEREBY	CERTIFY that the above statemer te of California travel reimburseme	it is a true sta nt policy and	itement of guidelines	the travel as adopte	expenses i ed by the A	incurred by dministrati	me in act ve Office o	cordance of the Co	urts.					
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CLAIM	ANT'S SI	NATURE		D/	ATE	(17) SIGN	ADURE, O	-FIGE R AF	PROVIN	G TRAVES	AND PAYME	-N. I	1 4	ala	
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